

HEALTH AND HUMAN RESOURCES AGENCY EMPLOYMENT DEVELOPMENT DEPARTMENT, MIC 4 P.O. BOX 826880, SACRAMENTO, CA 94280-0001

State of California

APPLICATION FOR TRANSFER OF RESERVE ACCOUNT

INSTRUCTIONS - Please read and complete this form carefully. If you acquired a business from an employer who was registered with the Employment Department, you may apply for a transfer of all or a part of the reserve account. (A reserve account is used to determine the unemployment insurance [UI] tax rate.) Not all reserve account balances are desirable. If the transfer of your predecessor's reserve account is approved, you will be subject to all or a percentage of the predecessor's benefit charges, which could increase your rate in future years. If you need additional information, please call (916) 653-7795, Contribution Rate Group. Failure to completely answer all questions may result in a delay or denial of approval of this application. If more space is needed for explanation, attach separate sheets.

ANY APPLICATION FOR TRANSFER FILED LATER THAN 90 DAYS AFTER ACQUIRING THE BUSINESS MAY BE RESTRICTED.

omplete the following:	THE BUSINESS MAY BE RESTRICTED.
1. Your account number 2. Your name	
Your federal account number (FEIN)	
3. Your business name	
4. Your business address	ZIP
5. Name of business acquired	
6. Former owner's name	
7. Former owner's account number	
8. Former owner's business location	ZIP
9. Date of acquisition	
10. Was the acquisition by (Check one) purchase \$ merger or consolidation stock exchange other (explain below)	
11. Please check major assets acquired	
☐ Place of business ☐ Staff of employees ☐ Customers ☐ Goodwill ☐ Trade name ☐ Stock in trade ☐ Accounts receivable ☐ Tools and fixtures	
12. Did you continue the operation of business you acquired? Yes If no, please explain	No
ii no, piease explairi	

13. Number of workers employed by seller just before sale	
14. Number of workers employed by you	
15. Are you a labor contractor, employment agency or other provider of employment services?	
If yes, explain operation	
16. You took over from the former owner: (a) ALLthe business: [(If you checked this box, go directly to Section III)	
(b) PART of the business: (If you checked this box, complete Sections II and III)	
II. 1. That portion of the business which you acquired was started by its original owner on (date)	·
2. The taxable wages, for the portion of the former owner's business which you acquired, were as follows:	
(USE ONLY WAGES UP TO THE \$7,000 ANNUAL LIMIT FOR EACH EMPLOYEE FOR CALENDAR YEARS LISTE	D BELOW).
For entire calendar years of: 1996 \$ 1997 \$ 1998 \$	
- BY QUARTERS -	
JAN. 1 TO MARCH 31 APRIL 1 TO JUNE 30 JULY 1 TO SEPT. 30 OCT. 1 TO	DEC. 31
1999 \$ \$ \$ \$	
2000 \$ \$ \$	
IF YOU CANNOT GET EXACT FIGURES, you may give us your estimate. We will then send your figures to the former or correct.	wner to approve
DID YOU ESTIMATE THESE FIGURES? Yes No DID THE FORMER OWNER APPROVE THESE FIGURES?	Yes No
III. Please list the name and phone number of the person we can contact for further information if needed.	
Print Name: Phone: ()	
SIGN AND DATE: I/we hereby make application for transfer of reserve account and declare that the above inforto to the best of our knowledge and belief.	mation is correc
Signature: Phone: ()	
Title: Date:	
FOR DEPARTMENTAL USE ONLY: Transfer type: CUIC Section: Effective Qtr:	
Date Completed: Completed by: Reviewed by:	
Notes:	